Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004428	A. BUILDING _____ B. WING _____	R 09/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYND HOUSE	2410 E MCGALLIARD RD MUNCIE, IN 47303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit [PSR] to the Quality Assurance walk through visit conducted on 7/17/12. Survey date: September 10, 2012 Facility number: 004428 Provider number: 004428 AIM number: N/A Surveyor: Ginger McNamee Census bed type: Residential: 41 Total: 41 Census payor type: Other: 41 Total: 41 Sample: 3 Lynd House was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Quality Assurance walk through visit. Quality review completed on September 11, 2012 by Bev Faulkner, RN	{R 000}		